United States Department of the Interior
BUREAU OF LAND MANAGEMENT
National Human Resources Management Center
Denver Federal Center, Building 50
P.O. Box 25047
Denver, Colorado 80225-0047

In Reply Refer To:
1223/1400-630 (HR-220)**P**

March 20, 1998

EMS TRANSMISSION
Information Bulletin No. HR-98-052, Change 1

To: All BC, HR, NI, SNPIT, RS, Helium, and WO Field BIA Liaison Office Employees

From: Director, National Human Resources Management Center

Subject: SF-71, Request for Leave or Approved Absence

This IB is changed to include the following: The electronic versions of the SF-71 are also available at http://www.opm.gov/forms/html/sf71.htm. However, the WordPerfect for Windows version of this form is not fully functional and it is not recommended for use at this time. You may use the Portable Document Format/Fillable (PDF/F) version of this form which allows you to complete the form on screen, or you may chose the Portable Document Format (PDF) version which is not fillable, but can be printed as needed. The SF-71 is also available on the NBC Home Page at http://web.blm.gov/nbc/gsafrmpg.html (under Standard Forms) in PDF. You can print the form as needed, but it is not fillable.

Paper copies of the SF-71 will be available from the Printed Materials Distribution Section (PMDS), BC-650B, National Business Center, Denver, in about 10 weeks. They will be issued in sheets which will be shrink-wrapped in packs of 50. We will continue to use the March 1979 edition of the SF-71 until the PMDS receives the December 1997 edition. If you have any questions, please call Karen Wrenn, Bureau Forms Manger, at (303) 236-0233.

The Office of Personnel Management (OPM) has issued a revised SF-71, Request for Leave or Approved Absence. Supplies of the paper copy of the new SF-71 will not be available from the General Services Administration for several months, however, local reproduction of the form has been authorized and the electronic version is available at http://www.opm.gov/oca/leave.

The new version of the SF-71 was created in order to accommodate the various new leave policies that have been established during the past few years, including the Federal Employees Family Friendly Leave Act. Although the use of sick leave for family care or bereavement purposes does not constitute a separate category of leave, block 4 of the revised SF-71 indicates this category as one of the purposes for which sick leave may be requested.

Signed   Authenticated
Linda D. Sedbrook   Patty Elliott
Director, NHRMC   Employee Relations Assistant

1 Attachment
    1-SF-71, Request for Leave or Approved Absence

Distribution
RS-150, Library
NI-100, Central File
HR-200
BC-650B, Karen Wrenn

REQUEST FOR LEAVE OR APPROVED ABSENCE

1. **NAME** *(Last, First, Middle Initial)*		2. **EMPLOYEE OR SOCIAL SECURITY NUMBER**

3. ORGANIZATION

4. **TYPE OF LEAVE/ABSENCE** *(Check appropriate box(es) below.)*	DATE From:	To:	TIME From:	To:	TOTAL HOURS	5. **FAMILY AND MEDICAL LEAVE**
☐ **Accrued Annual Leave**						If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information:
☐ **Restored Annual Leave**						
☐ **Advance Annual Leave**						
☐ **Accrued Sick Leave**						☐ **I hereby invoke my entitlement Family and Medical Leave for:**
☐ **Advance Sick Leave**						
Purpose: ☐ Medical/dental/optical examination of requesting employee ☐ Other ☐ Care of family member/bereavement, including medical/dental/optical examination of family member						☐ Birth/Adoption/Foster Care ☐ Serious Health Condition of Spouse, Son, Daughter, or Parent ☐ Serious Health Condition of Self
☐ **Compensatory Time Off**						
☐ **Other Paid Absence**						Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act of 1993.
☐ **Leave Without Pay**						

6. REMARKS:

7. CERTIFICATION: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

EMPLOYEE SIGNATURE   **DATE**

8. OFFICIAL ACTION ON REQUEST: ☐ **APPROVED**   ☐ **DISAPPROVED**
(If disapproved, give reason. If annual leave, initiate action to reschedule.)

SIGNATURE   **DATE**

PRIVACY ACT STATEMENT

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.

If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.